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RECEIVED

FORM 2

DATE IN TO DEPARTMENT
84 NOV 27 AIO 5h
OLYMPIA, WA
DEPARTMENT USE ONLY

99. EPA/STATE HAZARDOUS WASTE I.D.#
W A D980976310
(a) ☐ RCRA/STATE
(b) ☐ STATE ONLY
(c) ☐ SMALL QUANTITY
(d) ☒ NON REGULATED
(e) ☐ ONE TIME ONLY
(f) ☐ EMERGENCY
(g) ☐ OTHER
INIT: _____
DATE: _____
EPA: _____
ACK: _____
COPY: _____
REGION: _____
DEPARTMENT USE ONLY

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/SPV-11 Olympia, WA. 98504
(206) 459-6300/6305/6306

1. ☒ A. FIRST NOTIFICATION ☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)
☐ B. REVISED NOTIFICATION (enter current I.D.# in upper left) ☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)
revisions effective: _____

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY SECONDARY OTHER

178-000-110

3. NAME OF COMPANY

PUGET SOUND TUG & BARGE COMPANY
TERMINAL 105

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

P O Box 2287

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WA

98111

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

H260 W MARGINAL WAY
S W

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WA

98106

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

C. ☐ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)

D. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)

B. ☐ UNDERGROUND INJECTION

- (1) ☐ TREATMENT
(2) ☐ STORAGE
(3) ☐ DISPOSAL
(4) ☐ WE ACCEPT OFF-SITE WASTES

(1) Mode(s) of Transport YOU Operate

- (a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL
(d) ☐ WATER (e) ☐ OTHER

8. CONTACT PERSON

NAME (last)

(first)

THOMAS PAUL SR.

TITLE

PHONE NO. (area code & number)

TERMINAL MANAGER

206-583-8100

9. OWNERSHIP

(Legal Owner(s) of this Installation)

10. TYPE OF OWNERSHIP

(enter letter code in box)

PORT OF SEATTLE

M

1126D W MARGINAL LIA

01-07 1-28

11. WASTE IDENTIFICATION

A. N U M B E R	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. W E I G H T
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes listed above to be produced in any given month (consecutive 30 days) or per processing batch.

A. ☐ Batch Frequency _____

QUANTITY					WEIGHT

CODE

B. ☐ PER MONTH

QUANTITY					WEIGHT

CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

APPLICATION FOR POSSIBLE EMERGENCY ACCIDENTAL SPILLS ONLY.
WASTE TO BE IDENTIFIED AT TIME OF SPILL.

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. 5 ☒ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. 1 ☒ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. 1 ☒ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <i>Leila Meehan</i>	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: LEILA MEEHAN	CONTRACT ADMINISTRATOR	11/26/84